

**Appendix B NPDES Combined Form 1 & 2B National Pollutant Discharge Elimination System  
Permit Application to Discharge Wastewater from an Aquatic Animal Production Facility.**



**Nebraska Department  
of Environmental Quality**

**Wastewater Section**

Suite 400, The Atrium, 1200 'N' Street  
PO Box 98922  
Lincoln, NE 68509-8922  
Tel. 402/471-4220 Fax 402/471-2909

**NPDES Combined Form 1 & 2B**

**National Pollutant Discharge Elimination System  
Permit Application to Discharge Wastewater from an Aquatic Animal Production Facility**

**This Area is For Agency Use**

| NPDES Number | NE | IIS Number |  | Date Rec'd |  |
|--------------|----|------------|--|------------|--|
|--------------|----|------------|--|------------|--|

**1. Facility Information**

**A. Owner of Facility (Permittee)**

\_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**B. Name of Facility**

\_\_\_\_\_

**C. Facility Contact Person**

\_\_\_\_\_ Ph \_\_\_\_\_ Email \_\_\_\_\_

**D. Facility Mailing Address**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**E. Facility Location (if different from above)**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**F. Facility Legal Description**

\_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4, Section \_\_\_\_\_, Township \_\_\_\_\_ N, Range \_\_\_\_\_ (E or W), \_\_\_\_\_ County, Nebraska

**G. Standard Industrial Classification (SIC) Code(s) applicable to the Facility**

\_\_\_\_\_

### H. Operation/Maintenance Performed by Contractor(s)

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? \_\_\_\_ yes \_\_\_\_ no If yes provide the following

Name \_\_\_\_\_ Ph \_\_\_\_\_ Email \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Responsibilities of contractor \_\_\_\_\_

### I. Compliance Sampling

Is compliance sampling of the discharge effluent the responsibility of a contract laboratory? \_\_\_\_ yes \_\_\_\_ no If yes provide the following

Name \_\_\_\_\_ Ph \_\_\_\_\_ Email \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Responsibilities of laboratory \_\_\_\_\_

## 2. Wastewater Sources (check applicable items)

### A. Application Status (check one)

\_\_\_\_ NPDES Permit Reapplication for Existing Source \_\_\_\_ NPDES Permit Application for New Source

### B. Additional Forms Required

\_\_\_\_ Facility discharging domestic wastewater  
\_\_\_\_ Facility discharging industrial wastewater  
\_\_\_\_ Facility discharging nonprocess wastewater  
\_\_\_\_ Facility is a fish hatchery or fish farm  
\_\_\_\_ Industrial facility discharging stormwater  
\_\_\_\_ Land application of treated effluent

Submit NPDES Form 2A  
Submit NPDES Form 2C  
Submit NPDES Form 2E  
Submit NPDES Form 2B  
Submit NPDES Form 2F  
Submit Land Application Form

### 3. Other Existing Environmental Permits

\_\_\_\_ NPDES (discharge to surface water)  
\_\_\_\_ NPP (Nebraska Pretreatment Permit)  
\_\_\_\_ UIC (underground injection of fluids)  
\_\_\_\_ RCRA (hazardous waste)  
\_\_\_\_ Air Permit  
\_\_\_\_ Other (specify) \_\_\_\_\_

### Permit Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 4. Operator Information (continued on next page)

### A. Treatment Facility Operator (Last, First,) and Phone Number

\_\_\_\_ Ph \_\_\_\_\_ Email \_\_\_\_\_

Operator Certification Number \_\_\_\_\_ Operator Class \_\_\_\_\_

**B. Operator's Mailing Address**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**5. Wastewater Treatment System Information**

Provide a brief description of the wastewater treatment process. Include a description of the collection system, primary treatment, secondary treatment, and disinfection.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Average Daily Flow (MGD) \_\_\_\_\_

Design Daily Flow (MGD) \_\_\_\_\_

Maximum Daily Flow (MGD) \_\_\_\_\_

Design Maximum Flow (MGD) \_\_\_\_\_

**6. Discharge Information (continued on next page)**

(Include an attachment to the permit for the following if there is more than one outfall)

How many separate outfalls discharge to the receiving waters? \_\_\_\_\_

Facility Location (Street/Directions) \_\_\_\_\_

Location of Outfall(s).

\_\_\_\_ Quarter, \_\_\_\_ Quarter, Section \_\_\_\_, Township \_\_\_\_ North, Range \_\_\_\_ (East / West), \_\_\_\_ County, NE

Provide lat/long of outfall if known. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Name of receiving waters \_\_\_\_\_

Name of watershed if known \_\_\_\_\_

Does the treatment works land-apply treated wastewater? \_\_\_\_ yes \_\_\_\_ no

Is the effluent discharge continuous or intermittent? \_\_\_\_\_. If intermittent provide the following information

\_\_\_\_\_ Number of times per year discharge occurs

\_\_\_\_\_ Average duration of each discharge

\_\_\_\_\_ Average flow per discharge

\_\_\_\_\_ Months in which discharge occurs

**7. Fish Hatchery or Fish Farm Facilities:**

Attach a flow schematic diagram showing the rearing ponds, raceways and treatment facilities.

Brief description of the facility. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Calendar month of maximum feeding\_\_\_\_\_

Total pounds of food fed during the maximum feeding month\_\_\_\_\_

The quantity and nature of the pollutants proposed to be discharged\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Coldwater Species Raised:**

| Species Name | Total Yearly Weight<br>(pounds) | Maximum Harvestable Weight<br>(pounds) |
|--------------|---------------------------------|--|
|              |                                 |  |
|              |                                 |  |
|              |                                 |  |
|              |                                 |  |
|              |                                 |  |
|              |                                 |  |
|              |                                 |  |

**Warmwater Species Raised:**

| Species Name | Total Yearly Weight<br>(pounds) | Maximum Harvestable Weight<br>(pounds) |
|--------------|---------------------------------|--|
|              |                                 |  |
|              |                                 |  |
|              |                                 |  |
|              |                                 |  |
|              |                                 |  |
|              |                                 |  |
|              |                                 |  |

**8. Map**

Attach to this application a topographic map (7.5 minute USGS) of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area.

## 9. Additional Information

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the facility.

---

---

---

## 10. Certification (see Signatory Authorization Form for designation of Cognizant Official)

I certify that I am familiar with the information contained in the application, that to the best of my knowledge and belief such information is true, complete, and accurate, and if this permit is granted, I agree to abide by the Nebraska Environmental Protection Act (Neb. Rev. Stat. Secs. 81-1501 et. seq. as amended to date) and all rules, regulations, orders, decisions promulgated there under, and subject to any legitimate appeal available to the applicant under the Act

Cognizant Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Cognizant Official's Printed Name \_\_\_\_\_ Title \_\_\_\_\_

PROPOSED FOR DELETION

**Nebraska Department of Environmental Quality**  
**NPDES/NPP SIGNATORY AUTHORIZATION FORM**

**This form is to be used to identify or update information pertaining to the facility. THIS FORM MUST BE SIGNED BY THE COGNIZANT OFFICIAL. The Cognizant Official and Authorized Representative can be the same person.**

Facility Name: \_\_\_\_\_ Permit No. NE \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Location (Street/Directions to) \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

**PERMITTEE**

List the *NAME* of the company, business, governmental entity, or person that owns the facility and that will be responsible for the permit compliance: \_\_\_\_\_

**COGNIZANT OFFICIAL**

This person is responsible for the permit, signing reapplications, signing DMRs or designating someone to sign DMRs (Authorized Representative) and other correspondence. For a municipal, only the mayor, chairperson or city manager may sign as the Cognizant Official. *See page 6 for requirements.*

Name \_\_\_\_\_ Title \_\_\_\_\_  
\*Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Home Ph (optional) \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE (Do not complete if same as Cognizant Official)**

This person is designated by the Cognizant Official and is responsible for receiving, completing and signing DMRs, and receiving other correspondence (i.e., city clerk, plant operator). *See page 6 for requirements.*

Name \_\_\_\_\_ Title \_\_\_\_\_  
\*Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Home Ph (optional) \_\_\_\_\_  
If You Represent this Facility as/for a Contractor, list: Contractor's Name \_\_\_\_\_  
Contractor's Address \_\_\_\_\_ Phone \_\_\_\_\_

**OPERATOR** This person is responsible for the operation and maintenance of the plant. *See page 6 for requirements.*

Name \_\_\_\_\_ Title \_\_\_\_\_ Certification # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
If You Represent this Facility as/for a Contractor, list: Contractor's Name \_\_\_\_\_  
Contractor's Address \_\_\_\_\_ Phone \_\_\_\_\_

**\*Mailing Address:** DMRs will be mailed to this address. *DO NOT* use a home or personal address unless

necessary. Please use city/village office address or facility/corporate address, etc. This address should remain the same, even with changes in the facility's Cognizant Official or Authorized Representative.

NPDES/NPP SIGNATORY AUTHORIZATION FORM (continued)

Facility Name: \_\_\_\_\_ Permit No. NE \_\_\_\_\_

COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COGNIZANT OFFICIAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME OF COGNIZANT OFFICIAL \_\_\_\_\_

SIGNATORY AUTHORIZATION FORM REQUIREMENTS

**Cognizant Official.** Nebraska Department of Environmental Quality, Title 119, Chapter 10 and Title 127, Chapter 29. All permit applications submitted to the Department shall be signed.

001.01 in the case of a corporation, by a principal executive officer of at least the level of vice-president;

001.02 in the case of a partnership, by a general partner;

001.03 in the case of a sole proprietorship, by the proprietor; and

001.04 in the case of a municipal, state or other public facility, by either a principal executive officer or ranking elected official.

**Authorized Representative.** Nebraska Department of Environmental Quality, Title 119, Chapter 10 and Chapter 127, Chapter 29 002. All other correspondence, reports and DMRs shall be signed by a person designated in 001.01 through 001.04 above or a duly authorized representative if such a representative is responsible for all the overall operation of the facility from which the discharge originates; the authorization is made, in writing, by the person designated under 001.01 through 001.04 above; and the written authorization is submitted to the Director. Any change in the signatures shall be submitted to the Department, in writing, within 30 days after the change.

**Operator.** Nebraska Department of Environmental Quality, Title 123, Chapter 15

001 A competent operator familiar with the principles of wastewater treatment and disposal and skilled in the operation of the plant equipment, shall be in charge of each wastewater works. The operator shall make such operations tests as may be specified by the Department.

The operator may be required to be certified according the NDEQ Title 197.

Nebraska Department of Environmental Quality  
ATTN: NPDES Permit Unit  
Suite 400, 1200 N Street, The Atrium  
PO Box 98922  
Lincoln, Nebraska 68509-8922

**Telephone (402) 471-4220**  
**Fax (402) 471-2909**

**PROPOSED FOR DELETION**